•	→. DATENT AGDI	ICATION	FEE DET	ERMINATIO	N RECORE	)	~	09/5	23	639		;
PATENT APPLICATION FEE DETERMINATION RECO Effective December 29, 1999							19/33/29					
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)							E (	YIIIY	OR '	OTHER SMALL E		23
FOF		NUMBER	FILED	NUMBERE	XTRA	RA	E	FEE	٠٠.	RATE	FEE	
BAS	IC FEE						:	345.00	OR		690000	· · ·
TOTAL CLAIMS		10	10 minus 20=		·		9		OR	X\$18=		<del>-</del>
INDEPENDENT CLASMS 4 minus 3 = 1				-:		<b>X3</b> 5	<b>-</b>		OR	X78=	18	-
MULTIPLE DEPENDENT CLAIM PRESENT							٩		OR	+260=		
* If the difference in column 1 is less than zero, enter "O" in column 2							AL-	, ;  -	OR	TOTAL:	265	•
CLAIMS AS AMENDED - PART II							'.		•	OTHER		*
"		column 1)		(Column 2)	(Column 3)	SM	41		OR I	SMALL	ADDIK	
HENT A	Ŕ	CLAMS = EMAINING AFTER AENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ΠE	ADDI- TIONAL FEE		RATE	TOVA	N <sub>2</sub>
탈	-	-	Minipa	- 20-	- F	. XX	6	<u>ئۇچە</u> :	ОŘ	X\$18-		
AMEN	Independent •=	4	Mirrus	<del> 4</del>	-/	X3	9:-		OR	X78=		
V	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR	+260=	, 2	
		·••			: 2		OTAL			TOTAL	8	ľ
۱,	29-65 (Column 1) Colu				ımn 2) (Column 3)			<del></del>	<b>.</b>	ADOIT. FEE		
Ĭ.		CEANENG -		HIGHEST	PRESENT			ADDI		RATÉ	ADDI:	
FEE	7 <sub>A</sub>	AFTER MENDMENT		PREVIOUSLY PAID FOR	EXTRA		TE .	TIONAL		TAVIE .	FEE.	
12	Total 👉 •	15.	Minus	-20	• -	XS	<b>9</b> =	<u> </u>	OR	X\$18=	1	->
	independent e	. 4	Minus	••• <u></u>	<u>                                     </u>	X3	9=		OR	X78=	4	
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						30=		OR	+260-		1.
l	25105					. ADDI	OIA		OR	TOTAL ADDIT, PEI		
11		(Column 3)				•	,	• • • •	7			
STO		COLUMNS REMAINING AFTER		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RJ	ΙΈ	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE	
MENDMEN	Total -	13	Minus	- 20	. >	X	9-	1 55	OR	X\$18=		1
12	independent -	4	Minus	- 4	9 .	-	19=	<del>                                     </del>	1	¥570-	<del>                                     </del>	1
1	FIRST PRESENT	ATION OF M	ULTIPLE DE	ENDENTCLAIM					OR	-	1-	1
Γ					nhome S		30= 101A	<u> </u>	OB	+260=		4
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3.  "If the "Righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							: L	OR	ADDIT. FE		┨.
	The Highest Number The Highest Humbs	or Previously Pr	aid For (Total o	r independent) is t	e highest numbe	r lound ir	the a	ppropriete b	ox pu c	okomn 1.		ı
1												

Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE
VA. GPC: 2000-463-420-2004